

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN RESOURCES

CERTIFICATE OF LIVE BIRTH

8120717

Birth No. 103

61-014485

Date Filed

1 CHILD - NAME (First, Middle, Last) Amany Mohamed Raya		2a Date of Birth (Month-Day-Year)		2b Time 11:46 P.
3 Sex Female	4a This Birth (Single, Twin, Triplet, etc., (Specify) Single	4b If Not Single Birth, Born first, second, third, etc., (Specify)		5a City of Birth Washington, D.C.
5b Hospital Name (If not in hospital, give street and number) Walter Reed Army Medical Center Washington, D.C. 20012		PREVIOUS DELIVERIES - HOW MANY OTHER CHILDREN 6b Are now living 3 6c Were born alive, now dead 1 6d Were born dead (20 weeks or more pregnancy) 2		
6a MOTHER - MAIDEN NAME (First, Middle, Last) Nabila Salama		6e Age (At time of this birth) 34	6f State of Birth, If not USA, Name Country Egypt	
7a Residence-State D.C.	7b County	7c City, Town, or Location Washington	7d Street and Number 1907 - 3rd St., N.W.	7e Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8a FATHER - NAME (First, Middle, Last) Mohamed Aly Raya		8b Age (At time of this birth) 43	8c State of Birth, If not USA, Name Country Egypt	
9a INFORMANT (Full Name or Signature) Mohamed Raya		9b Relationship to Child Father		
10a I certify that the above child was born alive at the place and time stated above.		10b Date Signed 14/10/81	10c Attendant - <input type="checkbox"/> Private M.D., <input checked="" type="checkbox"/> Resident Staff M.D., <input type="checkbox"/> R.N. Midwife, Other, Specify:	
Signature James B. Haddock		10d Mailing Address (Street or RFD No., City or Town, State, Zip) Walter Reed Army Medical Center Washington, D.C. 20012		
Typed or Printed Name James B. Haddock LTC, MC				

MOTHER'S MAILING ADDRESS		
11a Name Mrs. Nabila Salama Raya		
11b Street Address 5500 - 16th Street, N.W.		
11c City Washington, D.C.	State D.C.	Zip 20011

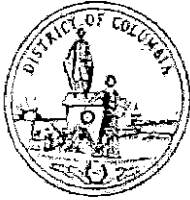
I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT REPRODUCTION OF THE
ORIGINAL CERTIFICATE FILED IN ORDER WITH THE VITAL RECORDS DIVISION,
DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH.

OCTOBER 15, 1981

JOHN H. CRANDALL, CHIEF

PERMANENT FILE

679
972



DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
WASHINGTON, D.C.

473867

CERTIFICATE OF BIRTH

This is to certify that the following information has been taken from the original record of birth.

Name **AMANY MOHAMED RAYA**

Date of Birth

Sex **FEMALE**

Certificate Number **08-84-014485**

Name of Father **MOHAMED ALY RAYA**

Maiden Name of Mother **NABILA SALAMA**

Date Issued **08-26-1988**

Date Recorded **0-15-1981**

DHS 1610 (3/83)

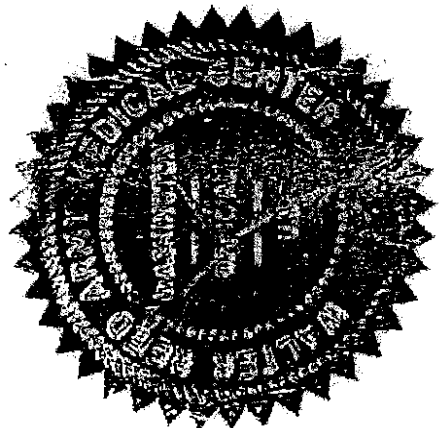
John H. Crandall
JOHN H. CRANDALL
REGISTRAR

Walter Reed Army Medical Center Washington, D.C.



This Certifies that AMANY MOHAMED RAYA
was born to NABILA SALAMA AND MOHAMED ALY RAYA
at 1146 P. m. on the day of in this Hospital

In Witness Whereof the said Hospital has
caused this Certificate to be signed by its duly
authorized officer and its Official Seal to be
hereunto affixed.



Richard Cameron
Commanding General

Attending Physician